

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>138</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>642</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Margaret Oddonetto</u>			
(If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Aug. 14-24</u>	Month _____	day _____	year _____
8. FATHER		14. MOTHER	
Full name <u>Anthony Oddonetto</u>		Full maiden name <u>Linda de la Toba</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>White</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Italy</u>		18. Birthplace (city or place) <u>Lower California</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>3</u>		(b) Born alive but now dead <u>1</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8:30 Am.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>CW Adams</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Globe, Ariz.</u>	
Registrar. _____		Filed <u>8-20</u> 19 <u>24</u> <u>BLG</u> Local Registrar.	
		Filed <u>9-5</u> 19 <u>24</u> <u>BLG</u> County Registrar.	

466-814-341